Last year was one of the most challenging I have experienced during my 30-plus years at Vanderbilt, and I know many of you feel the same. Moving forward, it’s important that we all stay focused on our ultimate goal as Vanderbilt nurses: to provide the best possible care to our patients and their families. That is the reason we all became nurses and it’s what energizes us as health care providers.

We are dedicating the entire January issue of this newsletter to updates about Workflow Redesign. We have put a structure in place that honors our commitment to shared governance. Ongoing focus groups of nurses, nurse representatives, nurse administrators, and interprofessional colleagues are coming together as never before to tackle tough issues. The guiding principle of this work is to minimize nurse documentation and administrative tasks, maximize patient interaction and maintain or improve the quality of patient care.

This is an exciting and ongoing venture with Chief Nursing Officers Susan Hernandez, BSN, MBA, RN, and Pam Jones, MSN, RN, NEA-BC, leading the charge. The success of this initiative relies on input from all of our nurses. Challenge yourself, as individuals, to ask the tough questions: What are the priority issues we should tackle first? What things can we do more efficiently? Where can we improve and make a more meaningful impact? And provide feedback to your nurse manager and committee representatives on your thoughts and suggestions.

The Workflow Redesign work has been building momentum, and already we can see the result of some of those nurse-inspired suggestions showcased in this issue. Please make sure to look for updates on this important work in future issues of the newsletter as well.

I want you each to know that your input is valued; your commitment to our patients and their families is valued; your dedication to Vanderbilt University Medical Center is valued. Together, we will make Vanderbilt even better.

Enjoy this issue,
FRONTLINE NURSES SHARE IDEAS IN FOCUS GROUPS

Amy Ingham, BSN, RN2 on 11 North, easily summed up the value of being a participant in the Workflow Redesign focus group:

“I know what it’s like to never be able to find a specimen cup when I need one,” she said.

Sixty frontline nurses participated in focus groups to give more than 300 hours of staff feedback over three sessions.

The first session asked nurses the question, “What are the things you see on the unit that hinder your ability to give patient care?”

Then in the second session, the project team presented themes and asked, “Here’s what we heard from you. Did we hear right?”

In the final session, the team asked, “Here are the things we’re putting into place. Do these make sense?”

Bill Fulkerson, Workflow Redesign project manager, said the project team wanted good staff involvement and was thrilled with the level of participation from the nurses.

“RFID (radio-frequency identification) is a great example of a simple question that got to the heart of the problem. We said ‘will this solve the hunting and gathering for equipment?’ And they said ‘no.’ We have a new pilot based on their feedback. Vetting it for the first time through the focus groups gave us great feedback and stopped us from going through with a pilot project doomed to fail,” Fulkerson said.

Ingham said she appreciated that the project team valued everyone’s opinion and ideas.

“I’m excited to work in a place that self-examines like this. The team asked good questions, like when we suggested something they would say, ‘What does that look like?’ and really make us think about it,” she said.

Ingham also praised the project team for vetting ideas from nurses who work across the institution.

“I like that they’re talking to people from all different units from acute care to surgery to ED. They’re covering all the bases and not making blanket changes, because what works for one area might not work in another,” she said.

On Dec. 18, Ingham’s focus group met for their final session to evaluate plans for future improvements.

One of the new developments the group heard was for

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Nutrition Services. The nurses had previously expressed concerns about meal delivery and pickup and customer service issues, such as incorrect diet and language barriers.

The project team shared that a new patient meal program called “Expressly For You Personal Dining” will go live July 1.

A host or hostess will visit the patient after breakfast and lunch to discuss the day’s menu, take the order at the bedside through an automated system, and verify that the selections adhere to the patient’s prescribed diet.

Focus group members praised having a dedicated person responsible for ensuring meals are correct and available for troubleshooting, shifting that burden from nursing staff. They also liked the automated system instead of papers that are easily lost.

Focus group members agreed “Expressly For You” solves many issues, but urged the project team to continue working on a more predictable floor stock of food and after-hours trays. The project team recognized the need to know more exact figures for after-hours meals in order to create a better plan.

Corrie Berry, BSN, RN, a clinical staff leader in the pediatric emergency department, expressed the need for someone to monitor expiration dates on floor stock.

Berry said she thought a lot about ideas and suggestions to make and discussed ideas with staff from her department.

“We’re in such a time of change, and I feel it needs to be done well. I’m really excited about how it is going so far,” she said. “This gives frontline staff ownership and buy-in. It gives us a voice and makes us part of the change and makes us want the change to work.”
Improved Pressure Ulcer Assessments: Roll Out

Thanks to input from nurses, Vanderbilt is making pressure ulcer risk assessments and skin and wound care documentation more efficient and more meaningful for patients and the health care team.

According to the Agency for Healthcare Research and Quality, pressure ulcers are an issue in U.S. hospitals, with an estimated 2.5 million patients impacted each year with severe pain associated with the ulcers and the treatment cost which is estimated to be an additional $40,000 to a hospital stay. Under new regulations, costs to treat pressure ulcers that have developed during a patient’s stay in the hospital are not reimbursed.

Vanderbilt nurses use Braden, a standardized, evidence-based tool of assessing patients at risk of pressure ulcers or skin breakdowns. Patients are assessed from head to toe upon admission looking for issues such as concerns about poor nutrition, inability to reposition themselves or moisture that isn’t handled properly.

The Workflow Redesign Committee helped accelerate this work to ensure high quality and make documentation more efficient for nursing staff. The new approach was rolled out in the Vanderbilt University Hospital Dec. 3.

Key benefits:

• **More Convenient.** Instead of conducting and documenting the Braden assessment in the separate WIZ order application, Braden assessment documentation is done within HED. There is no longer any need to switch back and forth between applications.

• **Reduces Redundancy.** Pressure ulcers are no longer documented twice.

• **Bundles Care for a Problem.** Documentation can now be tailored to the risk issues of the individual patient. For example, moisture control problems such as incontinence, profuse perspiration or drainage from a wound warrant interventions that are specific to that problem.

• **Simplifies Documentation.** Wound care documentation was further simplified by bundling multiple concepts into one, such as “Positioning care” to reduce the number of keystrokes.

• **Maintains Patient Quality.** All potential changes were developed, reviewed and endorsed by a team of bedside nurses, wound/ostomy consult nurses and legal/risk management experts to ensure changes are not going to elevate the risk of pressure ulcers.

Nurse feedback has been overwhelmingly positive as nurses are reporting a decrease in documentation time.
Standardized Medication Times Reduce Nurse Administration Time by 27 Percent: Roll Out VUH

The Workflow Redesign Committee has been taking a hard look at medication times, in hopes of accelerating development of standards that reduce nursing administration time. They divided the challenge into short-term changes and long-term issues.

It started with a pilot test in the Vanderbilt Heart and Vascular Institute (VHVI). With the help of a pharmacy resident dedicated to this project and supported by nursing staff, data was collected on what times patients were getting oral and injectable medications. Many patients were getting medications in the middle of the night, being woken up to receive their medication and nurses were administering medications every single hour.

“We are a 24/7 organization, and there are a lot of good reasons patients are given medication in the middle of the night. For example, if a patient is admitted at 3 a.m., the physician generates orders. However, we find that a week into the patient’s hospital stay, the order may not have gotten changed,” said Karen Hughart, MSN, RN-BC, NE-BC, director of System Support Services and Workflow Redesign Steering Committee member.

“We could see there would be a lot of benefit, if we could cluster more medications into fewer medical times—as long as it didn’t impact quality of the patient care.”

As a result, the pharmacy resident scrutinized every order and altered most medication times to 10 a.m., 2 p.m. and 10 p.m. for three time a day doses, and 10 a.m., 2 p.m., 6 p.m. and 10 p.m. for medications scheduled four times per day. And if the patient comes in off cycle, nurses will adjust them back to get them on the standard schedule.

Some medications were excluded from the pilot for patient safety reasons:
- IV antibiotics
- Drugs requiring therapeutic drug monitoring
- Drug-drug interactions upon administration
- Drugs requiring specific timing with regards to meals (on an empty stomach or with a meal)
- Drugs that must be administered with evenly spaced intervals to maintain therapeutic efficacy or safety

“This was a very labor intensive project and we are grateful for all who participated in it,” said Hughart. “The data was presented to the VHVI physicians, pharmacy and therapeutics advisory group and showed that medication administration time was reduced by 27 percent. Now we are looking at ways to expand this throughout our system.”

All those who worked on the project agree that standardizing medication times is a reasonably easy change for the short-term. On Dec. 17, limited changes in standard medication administration times were implemented in the Adult and Children’s hospitals.

Long-term plans include additional changes in the order entry system to extend standardized times to other appropriate groups of medications and addressing issues with rescheduling medications to non-standard times when medication administration is delayed.
The Workflow Redesign’s team first priority was to observe what is actually happening.

“We picked nine units and followed Toyota’s system of seven types of waste. If you see these types of waste, that is typically an area to improve. In more than 100 hours of observation, we tallied 380 opportunities of waste,” said Bill Fulkerson.

**UNITS OBSERVED**

- Children’s Hospital: 6A and 8A
- Vanderbilt University Hospital: 4E, 5N, 6T3, 7N, 8N ED and PACU

**TIMELINE**

- Oct. 9 – Kickoff meeting to form team and methodology
- Oct. 21 – First steering and executive meetings
- Oct. 28 – First team meeting
- Nov. 6-22 – Observations
- Nov. 14 – First focus group meeting
- Nov. 20-21 – Second focus group meeting
- Dec. 2-6 – Reviewed findings with focus groups and managers
- Dec. 9 – Shared ideas with steering committee
- Dec. 11-19 – Third focus group meeting
- Dec. 17 – Standard Medication Times implemented
- Dec. 18 – RFID pilot began
- January – Next performance improvement cycle starts

**CURRENT PROJECT PLANS AND GOALS**

<table>
<thead>
<tr>
<th>Device Data Integration</th>
<th>Lab Ready Labels</th>
<th>Radio-Frequency Identification (RFID)</th>
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<tbody>
<tr>
<td>Will reduce unnecessary and duplicate documentation by leveraging ways equipment can communicate with the medical record</td>
<td>Will improve lab turnaround times and improve quality with pre-printed labels</td>
<td>Will reduce “hunting and gathering” by giving nurses an exact location for equipment</td>
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<td>Plan to evaluate bedside monitors, pulse oximeters, ventilators, IV pumps, vital signs and smart beds</td>
<td>Phase 1 will develop new workflows, determine cost, determine labor impact and develop implementation dates for a pilot and full implementation</td>
<td>Plan to establish a process for implementing in patient transport and plant services, and a process for evaluating options like asset, temperature, humidity, patient and staff tracking</td>
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<td>Need to develop process for prioritization</td>
<td>A tabletop simulation will be done in January</td>
<td>A Phase 1 pilot began on 8 North on Dec. 18</td>
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**WORKSHEET**

**FUTURE PROJECT THEMES**

- Communication
- Broken Equipment
- Hunting and Gathering
- Environmental Services

Expect an update on future projects in every newsletter.